



## Application for Change/Transfer of Water Right

For Ecology Use  
(Date Stamp)

**RECEIVED**  
DEC 17 2013  
WA State Department  
of Ecology (SWRO)

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☒ Other (i.e. consolidation, intertie, trust water)

Explain: See attached sheet for explanation.

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL  
SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

### FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 12-17-13  
CHECK NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_  
DATE ACCEPTED 12-17-13 BY SC  
CHANGE NO. 62-20972  
COUNTY Pierce WRIA 11  
SPECIAL AREA \_\_\_\_\_

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

**X I have participated in a pre-application conference with Ecology.**

### 1. Applicant Information

APPLICANT/BUSINESS NAME Wilcox Farms, Inc.	PHONE NO. 800-568-6456	FAX NO.
ADDRESS 40400 Harts Lake Valley Rd		
CITY Roy	STATE WA	ZIP CODE 98580
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) Robert N. Caldwell	PHONE NO. (206) 963-2864	FAX NO.
ADDRESS 1400 N 80th Suite 202		
CITY Seattle	STATE WA	ZIP CODE 98103
EMAIL ADDRESS (IF AVAILABLE) robertncaldwell@gmail.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Wilcox Farms, Inc.	PHONE NO. 800-568-6456	FAX NO.
ADDRESS 40400 Harts Lake Valley Rd		
CITY Roy	STATE WA	ZIP CODE 98580
EMAIL ADDRESS (IF AVAILABLE)		

### 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G2-20972	RECORDED NAME(S) Wilcox Farms Inc.
DO YOU OWN THE RIGHT TO BE CHANGED? X YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES <input type="checkbox"/> NO	

*Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.*



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater Well #5	1	SE	NW	18	16N	3E	0316071010	
Groundwater Well #6	2	SE	NW	18	16N	3E	0316072000	
Groundwater Well #7	3	SE	NW	18	16N	3E	0316072000	
Groundwater Well #11	4	SE	NW	18	16N	3E	0316072000	

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>See attached Table 1.</b>								
DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?								
EXISTING: X YES <input type="checkbox"/> NO    PROPOSED: X YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: _____								

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Group domestic supply	500	6.5	Continuously
Dairy farm operation	500	246.5	Continuously
Poultry farm operation	500	78.5	Continuously

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Group domestic, poultry and other farm operations, environmental benefit	500	331.5	Continuously

### 5. Place of Use:

#### A. Existing

<b>LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:</b>							
All of Section 7, TWP 16N, R. 3 E.W.M; Except E½SE¼; N½ Govt. Lot 4; E¼NE¼; and except County Road Rights-of-Way.							
Parcels: 0316071010, 0316072000, 0316071001, 0316071007, 0316071005, 0316071006, 0316071011, 0316071012, and 0316071004							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7	16N	3E	Pierce		448
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

#### B. Proposed

<b>LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:</b>							
<b>See attached sheet</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Pierce		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? X YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
X YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <b>See list in attached Table 1</b>	



## 6. Remarks and Other Relevant Information:

Wilcox seeks the authority to change the place of use, manner of use, season of use, and point of diversion or withdrawal of any or all of its water rights within the area described as the "Place of Use," to the extent that it does not exceed the annual water duty of each of their water rights. This change application is also intended to provide the ability for Wilcox to temporarily place all or a portion of its water rights into the water trust program. An annual Farm Plan, described in more detail below, will be used to identify what portion of the Wilcox water rights will be placed into trust for a given season or portion of a season.

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

## 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Wilcox Farms Inc.</u> Applicant Printed Name - Title	<u>[Signature]</u> Applicant Signature	<u>12/17/13</u> (Date)
<u>"</u> Water Right Holder Printed Name	<u>[Signature]</u> Water Right Holder Signature	<u>12/17/13</u> (Date)
<u>"</u> Land Owner of Existing Place of Use Printed Name	<u>[Signature]</u> Land Owner of Existing Place of Use Signature	<u>12/17/13</u> (Date)
<u>"</u> Land Owner of Proposed Place of Use Printed Name	<u>[Signature]</u> Land Owner of Proposed Place of Use Signature	<u>12/17/13</u> (Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

## WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_